Utah Influenza Report

This report contains data through the week ending 02/28/2015 (MMWR week 08).

UTAH DEPARTMENT OF HEALTH
Communicable Disease Analysis & Reporting Program

Overview of Influenza Surveillance: Surveillance for the 2014-2015 influenza season officially began on September 28, 2014. The Utah Department of Health publishes a weekly report throughout the active influenza season that synthesizes data from a variety of sources to give the most complete and up-to-date picture of influenza activity in the state of Utah. Data in this report should be considered provisional, and may change as more complete reports are received.

Influenza-like Illness (ILI): The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) is a national system that conducts surveillance for influenza-like illness (ILI) in outpatient healthcare facilities. ILINet providers report weekly the total number of patients seen for any reason and the number of patients seen with ILI (defined as a fever ≥ 100° F and a cough or sore throat). These data are used to determine the amount of ILI circulating in the community, as well as provide insight into regional differences in ILI activity. More than 50 facilities within 10 health jurisdictions throughout Utah participate in ILINet.

Figure 1. Weekly Influenza-like Illness Activity
Influenza-like illness (ILI) activity as measured by the number of standard deviations from the epidemic threshold - Utah, 2014-2015

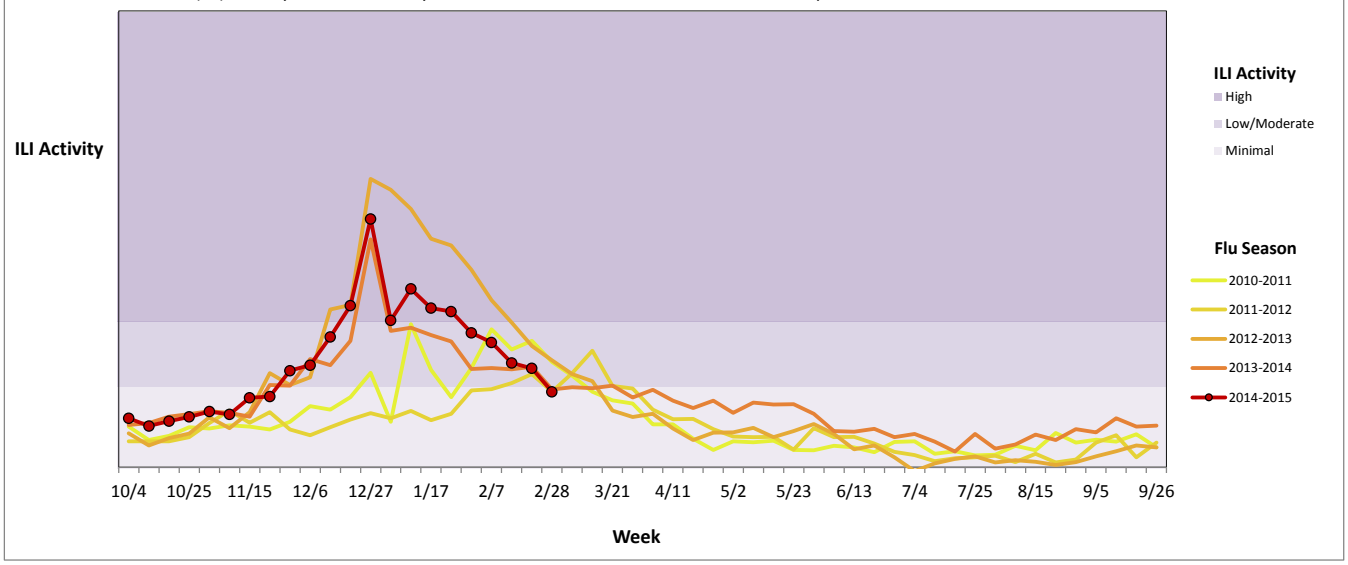

Table 1. Influenza-like Illness (ILI) Activity Levels by Health District - Utah, Current Week

Health District	ILI Activity
Bear River	Minimal
Central Utah	Minimal
Davis County	Low/Moderate
Salt Lake County	Low/Moderate
Southeast Utah	No Data *
Southwest Utah	Low/Moderate
Summit County	Minimal
Tooele County	Minimal
TriCounty	No Data *
Utah County	Minimal
Wasatch County	Minimal
Weber-Morgan	Low/Moderate
State Average	**Minimal**

*No participating sites in this jurisdiction

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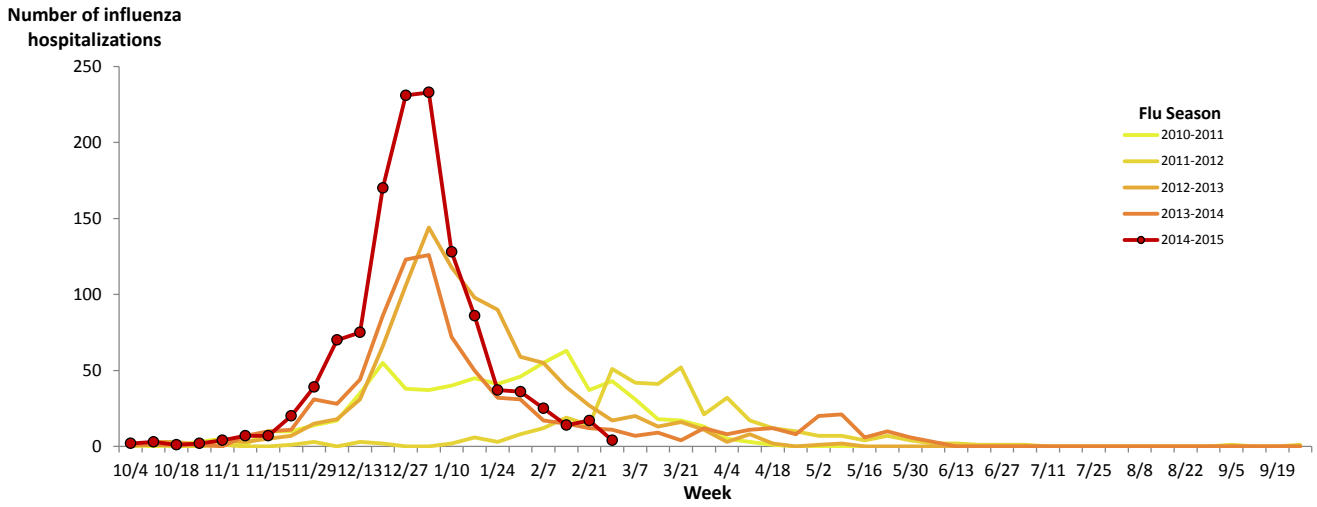
Influenza Hospitalizations: Influenza hospitalizations are a reportable condition in Utah. A person meets the case definition for an influenza hospitalization if they are hospitalized for any length of time and have an influenza positive serology, DFA, PCR, culture or rapid influenza diagnostic test. Public health in Utah gathers a variety of data on influenza hospitalizations including clinical features, course of illness, risk and protective factors, and influenza type and subtype. Data from influenza hospitalizations allows public health in Utah to better understand subgroups of the Utah population that are most severely affected by influenza and help to guide prevention messages and interventions.

Figure 2. Influenza Hospitalizations
Number of influenza hospitalizations by event date* - Utah, 2014-2015



*Event date is calculated based on a hierarchy of dates: 1. onset date 2. specimen collection date 3. date reported to public health.

Table 2. Influenza Hospitalizations by Health District - Utah

Health District	Current Week	Season To Date
Bear River	0	48
Central Utah	0	20
Davis County	1	122
Salt Lake County	3	629
Southeast Utah	0	2
Southwest Utah	0	89
Summit County	0	17
Tooele County	0	7
TriCounty	0	19
Utah County	0	143
Wasatch County	0	7
Weber-Morgan	0	108
State Total	**4**	**1211**

Table 3. Influenza Hospitalizations by Age Group - Utah, Season To Date

Age Group	Total Cases	% of Cases	Rate*
0-4	115	9.5	43.3
5-24	97	8.0	10.1
25-49	132	10.9	13.8
50-64	181	14.9	43.7
65+	686	56.6	261.2
Total	**1211**	**100.0**	**42.4**

*Rate is calculated as the number of cases per 100,000 population

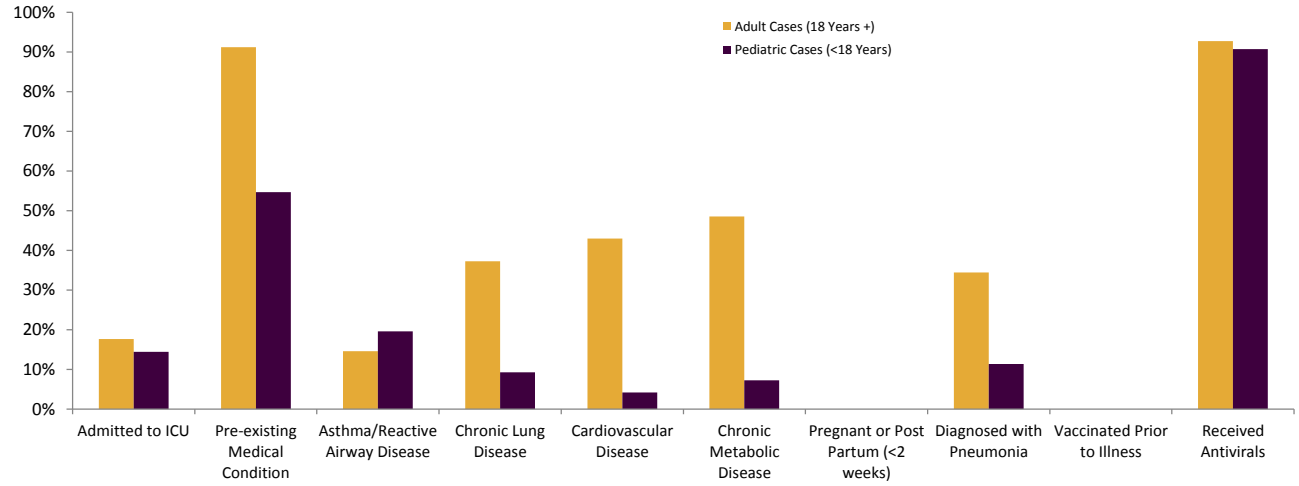
Table 4. Influenza Hospitalizations by Sex and Race - Utah, Season To Date

Variable		Num. of Cases	% of Cases	% in Utah Pop	p value*
Sex	Male	584	48.2	50.2	0.1595
	Female	622	51.4	49.8	0.2644
	Unknown	5	0.4	NA	--
Race	White, Not Hispanic	841	71.7	79.9	0.3067
	Hispanic	104	8.9	11.9	<0.0001
	Native Hawaiian/Pacific Islander	27	2.3	1.0	<0.0001
	Black/African American	17	1.4	1.3	<0.0001
	American Indian	10	0.9	1.5	<0.0001
	Asian	15	1.3	2.2	<0.0001
	Unknown	159	13.6	NA	--

*If a p value is ≤ 0.05, there is a significant difference between the percentage seen in influenza hospitalizations and the general Utah population.

Figure 3. Summary Data for Influenza Hospitalizations

Severity, common risk factors, prevention, and treatment information collected on a subset of influenza hospitalizations - Utah, 2014-2015



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Student Absenteeism: School-age children are at high risk for respiratory virus infections, including influenza. Aggregate, all-cause absenteeism data is collected weekly from over 350 schools throughout Utah. These data are analyzed to identify elevated absenteeism rates that could indicate the circulation of influenza in school-age children.

Figure 4. Student Absenteeism by Week

Rates for absences due to all causes - Utah, 2014-2015 and previous 3 year average

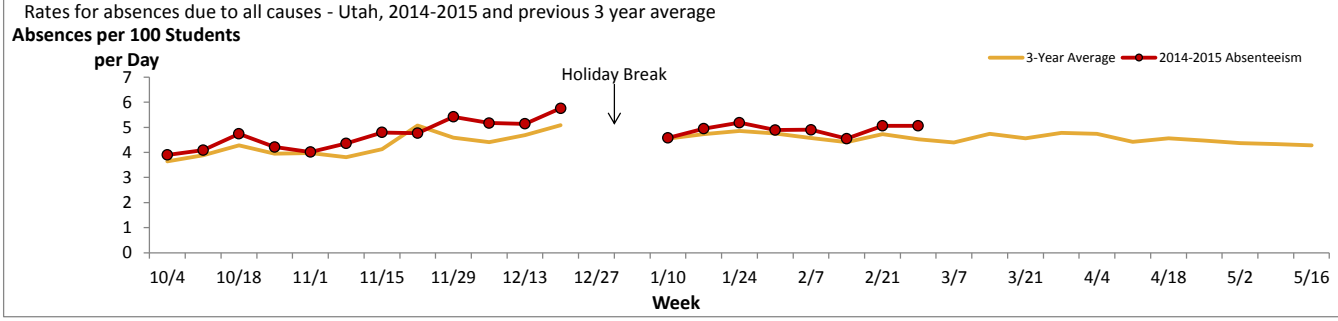


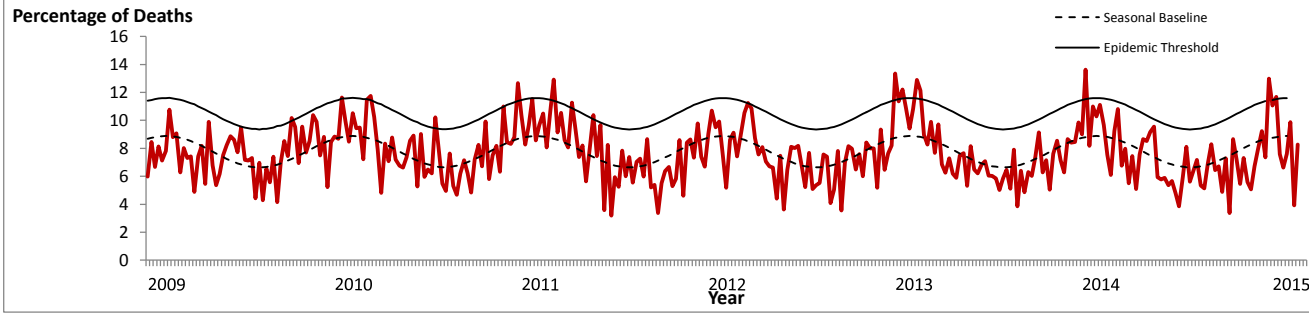
Table 6. Weekly Student Absenteeism - Utah, Current Week

Health District	Absences per 100 students/day
Bear River	3.5
Central Utah	4.3
Davis County	4.0
Salt Lake County	4.2
Southeast Utah	5.9
Southwest Utah	5.7
Summit County	5.9
Tooele County	5.7
TriCounty	6.6
Utah County	2.6
Wasatch County	4.3
Weber-Morgan	5.8
State Average	4.8

Pneumonia and Influenza Deaths: Each week the total number of death certificates received and the number of those for which pneumonia or influenza was listed as an underlying or contributing cause of death is collected. The percentage of deaths due to pneumonia and influenza are compared with a seasonal baseline and epidemic threshold value calculated for each week. These data are used to monitor the severity of influenza illness in the community.

Figure 5. Pneumonia and Influenza Deaths

Percentage of deaths attributable to pneumonia and influenza by week of death - Utah, 2009-2015



http://health.utah.gov/epi/data ● 801-538-6191 ● epi@utah.gov

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Laboratory Surveillance: The Utah Public Health Laboratory recieves specimens from all over the state for comprehensive influenza testing. All specimens are tested to determine influenza type and subtype. A portion of specimens are also sent to the Centers for Disease Control and Prevention for additional testing, including gene sequencing, antiviral resistance testing and antigenic characterization.

Figure 6. Influenza Positive Tests

Influenza positive specimens tested by the Utah Public Health Laboratory - Utah, 2014-2015

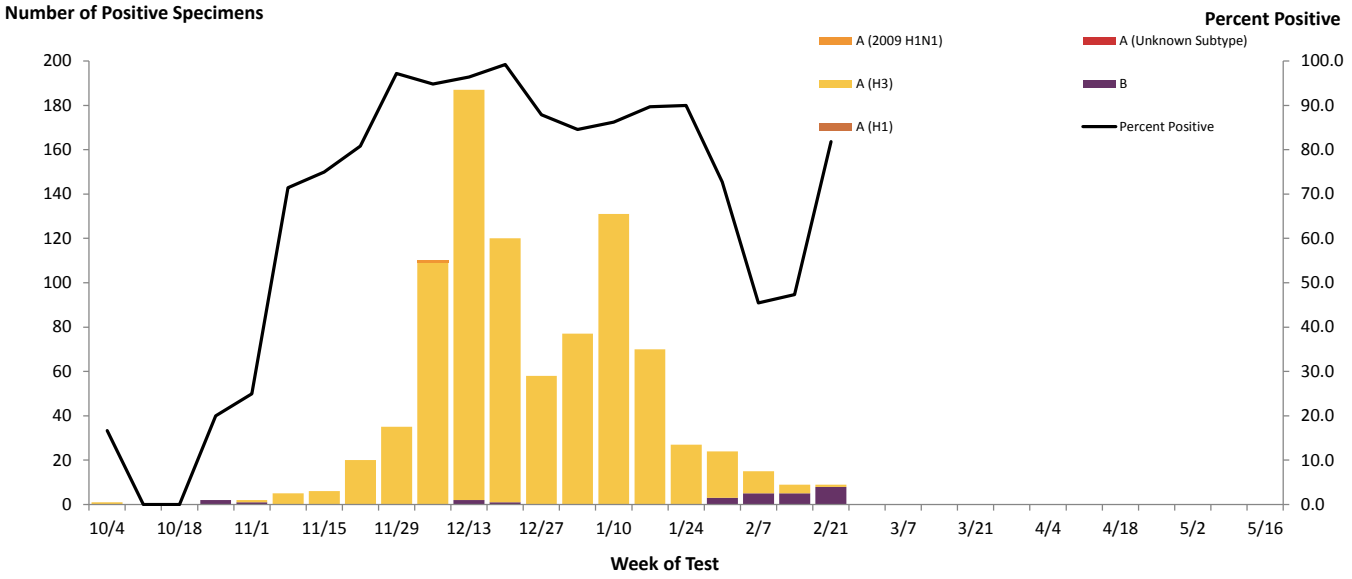

Table 8. Utah Public Health Laboratory Influenza Testing Data

	Current Week		Season To Date	
	Total	**Percent**	**Total**	**Percent**
Specimens tested	11	--	1,035	--
Positive specimens	9	81.8	910	87.9
Positive Specimens by Type/Subtype				
Influenza A	1	11.1	882	96.9
A (2009 H1N1)	0	0.0	1	0.1
A (H1)	0	0.0	0	0.0
A (H3)	1	100.0	881	99.9
A (unable to subtype)	0	0.0	0	0.0
Influenza B	8	88.9	28	3.1